



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

APPLICANT RELEASE FORM

PLEASE READ BEFORE SIGNING

We appreciate your interest in a position with the Ashland Family YMCA. If you have questions about making the following statement, please ask the interviewer to explain.

STATEMENT OF APPLICANT

In the Ashland Family YMCA's effort to attract the highest quality staff, I have been advised that as part of the application process for employment, an extensive inquiry will be made concerning my prior employment, activities, and character. I fully consent to and authorize all such inquiries.

In the event of my employment by the Ashland Family YMCA, I will comply with all policies set forth in the personnel policy and with other policies established from time to time by the organization. I authorize the Ashland Family YMCA to request my employment record from any former employer(s). I further understand that inquiries or requests may be made by the Ashland Family YMCA or its representatives to any governmental agency, including law enforcement agencies or departments, or any other party with a legal or proper interest. I hereby waive any right to claim that any request or investigation is an invasion of privacy, since they are made with my consent and it is in my interest that I be considered for employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for employment or, after employment, would be cause for termination of employment with the Ashland Family YMCA.

I understand and agree that if I am employed, there is no contract period for employment and my employment would be solely "employment at will," giving either me or the Ashland Family YMCA the right to terminate my employment at any time without liability or obligation except for my regular pay through date of termination.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT I VOLUNTARILY SIGN THIS APPLICATION.

Applicant Signature

Date

NOTE: Applications are effective for a period of 90 days. You may reapply to maintain an effective application.

Signature of Parent or Guardian (If Applicant is under 18)

**Ashland Family YMCA * 540 YMCA Way * Ashland, OR 97520
www.ashlandymca.org * 541-482-9622 * fax 541-482-3348**





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EMPLOYMENT APPLICATION

Ashland Family YMCA
540 YMCA Way, Ashland, Oregon 97520
(541) 482-9622 www.ashlandymca.org

The Ashland Family YMCA is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, gender, religion, marital status, disability, or national origin.

APPLICANT INFORMATION

Name _____ E-mail address _____ Date _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Are you 18 year or older? YES NO Are you legally authorized to work in the United States? YES NO

Have you ever been convicted of a crime, other than traffic violations? YES NO

Do you possess current certification in CPR? YES NO First Aid? YES NO

Are you now or have you ever been enrolled in the Oregon Childcare Registry? YES NO Year: _____

EMPLOYMENT DESIRED

Position _____ Date Available _____

Are you employed now? YES NO If so, may we contact your employer? YES NO

Please enter the times you are available to work each day:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Additional Information _____

EDUCATION

Educational Institution	Name & Location of School	Years Completed	Did You Graduate?	Degree Earned	Course of Study
High School					
College/University					
Trade, Business, Correspondence School					

SKILLS/ACTIVITIES

Job Related Skills _____

Job Related Workshops/Training _____

Interests and Activities (Please exclude names of organizations which might indicate the race, color, creed, gender, age, marital status, or national origin of its members.) _____

FORMER EMPLOYERS (List most recent employer first) Written completion of information is mandatory.

Month/Year	Employer	Ending Salary	Position and Duties	Reason for Leaving
From: _____ To: _____	Name: _____ Address: _____ Phone: _____			
From: _____ To: _____	Name: _____ Address: _____ Phone: _____			
From: _____ To: _____	Name: _____ Address: _____ Phone: _____			
From: _____ To: _____	Name: _____ Address: _____ Phone: _____			
From: _____ To: _____	Name: _____ Address: _____ Phone: _____			

REFERENCES (List two non-relatives whom you've known at least one year and one relative.)

Name	Address and Phone	Profession	Relationship	Years Acquainted

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information provided is cause for dismissal. Further, I understand that my employment is for no definite period, and may, regardless of the date of payment of my wages/salary, be terminated at any time without cause and without notice.

The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to, and verified by, the Ashland Family YMCA at the time of hire or no later than three business days after the date of hire.

Applicant's Signature

Date

In case of emergency, please notify: _____

Name

Relationship

Home Phone

Work Phone

Cell Phone

Home Address

City

State

Zip